

Civilian Care Referred By MHS Facilities

Chapter

9

I. GENERAL

A. Introduction

1. The Supplemental Health Care Program (SHCP) replaces the Active Duty Claims Program (ADCP). This chapter provides instructions to contractors regarding their responsibilities under the SHCP as well as providing general information to the contractor regarding the roles and responsibilities of the Uniformed Services.

2. The Department of Defense and the Armed Forces have agreed to a mechanism that enables processing and reimbursement of SHCP claims by Managed Care Support (MCS) contractors and payment to the contractors through the TRICARE Management Activity (TMA), Office of Contract Resource Management.

3. This chapter addresses payment of claims for civilian services (including internal resource sharing services) rendered pursuant to a referral by a provider in a Military Treatment Facility, with the exception of services rendered to enrollees in the TRICARE Prime Remote program (See OPM Part Three, Chapter 8) or as otherwise excepted in Section III.C. of this chapter.

B. Military Service Participation in the SHCP

Medical Treatment Facility (MTF) patients may require medical care that is not available at the MTF (e.g., MRI). The provisions of this chapter apply when the MTF refers a patient for civilian medical care (usually a specific test, procedure or consultation), including services rendered by an internal resource sharing provider. Claims for this type of care will usually be submitted by the provider; however, the patient or the Services (e.g., the MTF) may submit the claim depending on the particular situation. The contractor shall ensure cost shares, copayments or deductibles are applied only when appropriate.

C. Contractor Responsibilities

1. As part of the Department of Defense's ongoing efforts to improve coordination between military treatment facilities and civilian treatment sources, the current practice of using TRICARE payment rules for care provided under the SHCP has been expanded. The contractors shall provide payment for inpatient and outpatient services, including pharmacy services, for MTF-referred civilian care within the 50 United States and the District of Columbia ordered by an MTF provider for an MTF patient for whom the MTF provider maintains responsibility. This change shall become effective upon a specific date to be directed by the Contracting Officer.

2. After payment of the claim, the contractor shall furnish the Services with information regarding payment of the claim. (See OPM Part Three, Chapter 9, Section III.J.)

D. Supplemental Health Care Program Differences

1. Active Duty Service Members (ADSMs) have no cost-shares, copayments or deductibles. If they have been required by the provider to make "up front" payment they may upon approval be reimbursed in full for amounts in excess of what would ordinarily be reimbursable under TRICARE.

2. Nonavailability Statement requirements do not apply.
3. Supplemental Health Care Program claims are not included in the monthly claims audit and in the measurement of the claims processing standards in [OPM Part One, Chapter 1, Section III.B.](#) and [Section III.C.](#)
4. If third party liability (TPL) is involved in a claim, claim payment will not be delayed; the development of TPL information is not required.
5. *Reserved.*